

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Masaaki Oka, Yoshihiko Hamamoto, Norio Iizuka, Hisafumi Okabe and Kenji Hamada

Application No.: 10/552,178 Group: 1642

371(c) Date: July 2, 2007 Examiner: Aeder, Sean E.

Confirmation No.: 6214

For: METHOD OF DEFINING THE DIFFERENTIATION GRADE OF TUMOR

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:

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Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

**The claims fee has been calculated as shown below:**

|  |    |       |    |      | SMALL ENTITY |               | OTHER THAN<br>SMALL ENTITY |      |  |
|--|----|-------|----|------|--------------|---------------|----------------------------|------|--|
|  |    |       |    | RATE |              | ADDIT.<br>FEE |                            |      |  |
| TOTAL  | 14 | MINUS | *  | 20   |              | 0             |                            |      |  |
| INDEP  | 4  | MINUS | ** | 4    |              | 0             |                            |      |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |    |       |    |      | X \$26       | \$            | X \$52                     | \$ 0 |  |
|  |    |       |    |      | X \$110      | \$            | X \$220                    | \$ 0 |  |
|  |    |       |    |      | + \$195      | \$            | + \$390                    | \$   |  |

\* not fewer than 20

\*\* not fewer than 3

TOTAL = \$ 0

TOTAL = \$ 0

**The Application Size Fee has been calculated as shown below:**

(Effective for cases filed on or after December 8, 2004)

| Actual Sheets<br>(Including<br>current<br>amendment) | Highest No. of<br>Sheets Paid<br>For<br>(At least 100) | No. of Additional<br>Units Required<br>(Increments of<br>50 sheets) | SMALL ENTITY |                         | OTHER THAN<br>SMALL ENTITY |                         | Payment<br>Sufficient for<br>up to |
|--|--|---|--------------|-------------------------|----------------------------|-------------------------|------------------------------------|
|  |  |   | Rate         | Total<br>Amount<br>Owed | Rate                       | Total<br>Amount<br>Owed |                                    |
| 57   | 100  |   | X \$135      | \$[ ]                   | X \$270                    | \$0                     | 100 Sheets                         |

**Petition for Extension of Time**

Applicant hereby petitions to extend the time to respond to the [ ] dated [ ] for [ ] month(s) from [ ] to [ ]. The appropriate fee is set forth below.

[For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

**Please charge Deposit Account No. 08-0380 for the following fees:**

|                          |  |          |
|--------------------------|--|----------|
| <input type="checkbox"/> | Petition for [ ] month Extension of Time | \$ _____ |
| <input type="checkbox"/> | Claims Fee                               | \$ _____ |
| <input type="checkbox"/> | Application Size Fee                     | \$ _____ |
| <input type="checkbox"/> | Other Fees:                              | \$ _____ |
|                          |  | \$ _____ |
|                          |  | \$ _____ |
|                          |  | \$ _____ |
| TOTAL:                   |  | \$ _____ |

**A check is enclosed in payment of the following fees:**

|                          |  |          |
|--------------------------|--|----------|
| <input type="checkbox"/> | Petition for [ ] month Extension of Time | \$ _____ |
| <input type="checkbox"/> | Claims Fee                               | \$ _____ |
| <input type="checkbox"/> | Application Size Fee                     | \$ _____ |
| <input type="checkbox"/> | Other Fees:                              | \$ _____ |
|                          |  | \$ _____ |
|                          |  | \$ _____ |
|                          |  | \$ _____ |
| TOTAL:                   |  | \$ _____ |

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By David E. Brook  
David E. Brook  
Registration No.: 22,592  
Telephone (978) 341-0036  
Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: 2/2/10